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|---|------------|---|------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>351722-165199 (MORPH1140) |                  |
| Application Number 09/776,981   |            | Filed February 5, 2001                                |                  |
| For Power Saving Method and Arrangement for a Reconfigurable Array  |            |   |                  |
| Art Unit 2116   |            | Examiner Eric Chang                                   |                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |                  |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                               |                  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$ _____         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ <u>510.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$ _____         |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |                  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |                  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1896. I have enclosed a duplicate copy of this sheet. |            |   |                  |

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